External Application for the International Experience & Technical Assistance Program (IETA)

CDC, National Center for HIV, STD and TB Prevention, Prevention Support Office

IETA Applicants:

Please print out the application form to complete and obtain first and second-level supervisory signature(s) on page 3. Submit an original and copy of your complete application packet for each of the recruitment tracks to which you are applying. You may be considered for up to 2 tracks. Mail these materials with an up-to-date resume, and a full-year performance appraisal rating or COER rating (cover sheet only with rating official's signature) to:

International Experience and Technical Assistance Program (IETA) CDC/NCHSTP/OD/PSO 1600 Clifton Road, MS E-07 Atlanta, GA 30333

Please do not submit your application by fax or electronically. The deadline for application submission is by close of business **Friday July 21, 2000**. For more information or questions, please e-mail IETA@cdc.gov or call JoDe Walp at 404-639-8025.

Date		
		()
Last Name	First Name	Work telephone number
Agency	Division, Branch, Section	Work e-mail address
Are you a Federal career yes no (please provide	or career conditional employee? detail)	
What is your GS Level or	Commissioned Corps Grade? _	
business? ☐ yes (please explaii ☐ no	would have difficulty leaving or re- n) ed in an agency sponsored/endors	
program?	ram)	
Do you have a valid gove yes no (please explain	ernment Visa credit card?	
What is your current job	title?	
Work address (include M	lailstop)	
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Length of time with Federal Public Health Agency (years/months)	
Length of time at present assignment (years/months)	
For which of the following recruitment tracks would you like to be considered? (Select up to 2. Submit an original and copy for each track to which you are applying. For more information on recruitment tracks, please refer to the application materials available on the Internet website)	
Country Program Support Surveillance, Epidemiology, and Laboratory Primary Prevention Monitoring and Evaluation Community-Based Care and Treatment	
On a separate sheet of paper, provide brief answers to the following questions: (Maximum 2 pages in total.)	
1. What are your current job duties?	
2. Why are you interested in international health?	
3. What skills do you want to gain by participating in the IETA program?	
 What skills and talents will you contribute to international public health? (Include foreign language abilities) 	
5. In what ways will your participation in the IETA program enhance your current position and contribute to your professional and personal growth?	
I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith.	
Applicant Signature:	
Date:	

All Federal field staff applicants must have field supervisor (local or state) and headquarters Branch Chief approval to apply. (Please advise program consultants appropriately.)

Supervisors' Support Form
I understand that my employee, if accepted into the International Experience and Technical Assistance (IETA) training program, will be asked to complete four 3-4 day workshops in Atlanta, and an international field assignment of 3-6 months. My signature below indicates that I have discussed this with appropriate state/local program official(s) and received concurrence. The employee has my permission to participate in this program.
First-level Supervisor Signature:
Supervisor's name:
Supervisor's title:
Address:
Phone:fax:
e-mail:
Second-level Supervisor Signature:
Supervisor's name:
Supervisor's title:
Address:
Address:
Address:
Address:
Address:
Address: Phone: e-mail: If there is a period of time when this employee will be unavailable for IETA workshops or international field assignments, please list dates: The IETA program involves a supervised international work experience of 3-6 months. Is there a maximum period of time you are willing to support your employee's participation in this international